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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

GKNG 1181 PUS

First Named Inventor

THOMAS WECKERLING

COMPLETE IF KNOWN

Application Number

/ APPLIED FOR

Filing Date

HEREWITH

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COUNTER TRACK JOINT WITH CONTROL ANGLE REVERSAL

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | | | YES | NO |
| 102 53 620.1 | Germany | 11/15/2002 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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| ROBERT P. RENKE ARTZ & ARTZ, P.C. Name | | | | | | | | | |
| 28333 TELEGRAPH ROAD SUITE 250 Address | | | | | | | | | |
| City SOUTHFIELD | | | | | State MI | | ZIP 48034 | | |
| Country U.S.A. | | | | Telephone 248-223-9500 | | | Fax 248-223-9522 | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | | | THOMAS | | | | |
| Family Name or Surname | | | | | WECKERLING | | | | |
| Inventor's Signature | | | | | | | Date | | |
| Residence: City LOHMAR | | | | State | | GERMANY Country | | GERMANY Citizenship | |
| HÜTTENWEG 13 Mailing Address | | | | | | | | | |
| City LOHMAR | | | | State | | ZIP D-53797 | | Country GERMANY | |
| NAME OF SECOND INVENTOR: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle [if any]) | | | | | Family Name or Surname | | | | |
| Inventor's Signature | | | | | | | Date | | |
| Residence: City | | | | State | | Country | | Citizenship | |
| Mailing Address | | | | | | | | | |
| City | | | | State | | ZIP | | Country | |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | | | | | |

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PTO/SB/81 (10-00)
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| Application Number | APPLIED FOR |
| Filing Date | HEREWITH |
| First Named Inventor | THOMAS WECKERLING |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | GKNG 1181 PUS |

I hereby appoint:

☒ Practitioners at Customer Number

027256

OR

☐ Practitioner(s) named below:

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Number Bar Code
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| Name | Registration Number |
|------------------|---------------------|
| Robert P. Renke | 40,783 |
| John A. Artz | 25,824 |
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

THOMAS WECKERLING

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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